

REPORT OF A CASE OF HYDRENCEPHALOCELE  
SUBJECTED TO EXCISION; RECOVERY.

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**A**N infant, George C., aged one and a half years, was received into St. Mary's Hospital, Rochester, Minn., March 29, 1893, with the following history: He was the first child of healthy parents, and had been born with double equinovarus and a pulsating tumor projecting outward from the median line in the occipital region about the size of a walnut, which has since gradually increased in size. The child has been irritable, but in fair health. The tumor has always pulsed and been exceedingly tender on manipulation. It is of interest to note that a brother of this child, three years of age, also has congenital club feet.

*Present Condition:* A bright, fairly-nourished child, with a spherical tumor, pulsatile in character, the size of a small orange, projecting centrally from the occipital region; also having well-marked, congenital club feet. The tenderness of the protuberance necessitated chloroform anæsthesia for careful examination. The crest of the tumor was apparently very thin, white and glistening in appearance, and a few veins could be seen coursing over its surface. The sides were evidently much better protected. On the right base was a considerable thickening, evidently connected in the past with the cranial contents through a lateral fissure from the central opening.

The opening through which the hydrencephalocele sprang was evidently about the size of the tip of the index finger.

*Operation:* April 1, 1893. After the usual preparation for the previous three days and under chloroform anæsthesia two scalp flaps were dissected off from the sides of the tumor and the dura mater freed to the bony opening, the sac was opened, allowing the escape of about an ounce of cerebro-spinal fluid, normal in appearance. The opening leading inward and slightly to the right probably communicated with the right ventricle. The sac was composed of dura mater, and near the base, spreading out thinly on the sides, was evident

atrophied cerebral tissue. The neck was ligated with heavy catgut, the entire sac cut away, the tissues around the stump securely sutured over it by buried sutures, the two flaps sutured in apposition, and a dry dressing applied. During application of the dressing the child vomited, and the increase in intra-cranial pressure caused a marked left-sided spasm, lasting several minutes. Five grains of calomel were administered with rapid effect, and the child made an uneventful recovery, being apparently much relieved by the operation. At the end of two weeks the child was discharged, the wound firmly united and with no apparent pulsation at the seat of operation.

Operations in meningo-encephalocele or hydrencephalocele have been rarely successful. Von Bergman, in his classical work on the "Surgical Treatment of Diseases of the Brain," published in 1890, could find but few cases where the results were even encouraging. During the past two years several successful cases have been reported by Horsley, of England; Mazzucchelli, of Italy; Cabot, of Boston, and others. Considering the absolute fatality of non-operative methods of treatment, these few successful cases assume importance and place operative procedures upon a firm basis.